

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006333

FILED
Aug 23, 2007
Secretary of State

Entity Name: MABRY OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2921 ROBERTS AVE.
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

2921 ROBERTS AVE.
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 59-2252756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BASS, EDWARD N
805 N. GADSEN
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

SMITH THOMPSON SHAW MANAUSA P.A.
3520 THOMASVILLE RD.
400
TALLAHASSEE, FL 32309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DANIEL MANAUSA

08/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BASS, EDWARD N
Address: 805 N. GADSEN
City-St-Zip: TALLAHASSEE, FL 32303

Title: EXDR () Delete
Name: ARMESTO, LOU A
Address: 1133 BLACK HAWK WAY
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP () Delete
Name: SWEENEY, WILLIAM
Address: 3114 ORTEGA DR.
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: TRES () Delete
Name: INZER, BOB
Address: 613 FOREST LAKE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: SEC () Delete
Name: RICE, PATI
Address: 60HICKAT TRAIL C
City-St-Zip: WAKULLA, FL 32327 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MS. LOU A. ARMESTO

EXEC

08/23/2007

Electronic Signature of Signing Officer or Director

Date